DOCUMENT RESUME

ED 193 371 UD 020 859

AUTHOR Szapocznik, Jose; And Others
TITLE Culture Specific Approaches to the Treatment of Latin Multiple Substance Abusers: Family and Ecological Intervention Models.
INSTITUTION Miami Univ., Coral Gables, Fla.
SPONS AGENCY National Inst. on Alcohol Abuse and Alcoholism (DHEW/PHS), Rockville, Md.
PUB DATE [76]
GRANT IRI8-AA0022702
NOTE 33p.; Not available in paper copy due to institution's restriction. For related documents see UD 020 854-856 and UD 020 859-863. Prepared by the Spanish Family Guidance Center, Department of Psychiatry.

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Acculturation; Adolescents; Adults; *Alcoholism; Case Studies; Counseling Theories; *Cubans; *Drug Abuse; *Family Counseling; Family Relationship; Hispanic Americans; *Marital Instability; Mental Health; *Psychological Services
IDENTIFIERS Florida (Miami)

ABSTRACT

Four models developed for the treatment of Cuban American adult and adolescent drug and alcohol abusers are discussed in this paper. The study reviewed was aimed at (1) investigating the effectiveness of "Ecological Family Systems Therapy," an approach created by the Spanish Family Guidance Clinic in Miami, Florida, and (2) identifying the relevant variables of treatment intervention contributing to treatment effectiveness. Presented are four case studies of drug and/or alcohol abusers in which four different models were utilized: intramural individual, individual ecological, family intramural, and family ecological. It is suggested, based on preliminary findings, that (1) family ecological models are most effective in attracting, maintaining, and rehabilitating poorly acculturated families; (2) family models are most effective in the treatment of marital dysfunctions and in cases in which the symptomatic behavior is found in a young family member; and (3) individual models are effective in promoting personal growth and development in the identified patient, but are not very effective in repairing marital dysfunctions. It is also suggested that combined (alcohol, drug, and mental health) treatment centers most effectively address the problems of Cuban immigrants. (Author/GC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

JUL 2 5 1990

ED193371

CULTURE SPECIFIC APPROACHES TO THE TREATMENT OF LATIN MULTIPLE SUBSTANCE ABUSERS: FAMILY AND ECOLOGICAL INTERVENTION MODELS

Spanish Psychosocial Research Center for Mixed Addictions
Spanish Family Guidance Clinic - Encuentro
Department of Psychiatry
University of Miami

Jose Szapocznik, Ph.D., Jose I. Lasaga, Ph.D., Mercedes A. Scopetta, Ph.D.

. . . with the assistance of

Casero, Enrique F.
Chicco, Adele
Fuentes, Marta
King, Olga E.
Prio, Maria A.
Rodriguez, Angela M.

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY
D. Santisteban
Spanish Family Guidance Center
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

This work was supported by the National Institute on Alcohol Abuse and Alcoholism Grant No. IRI8-AA022702.

UD020859

Abstract

The Spanish Psychosocial Research Center for Mixed Addictions, Spanish Family Guidance Clinic, is evaluating the effectiveness of four approaches to the treatment of Latin multiple substance abusers. The study is aimed at ascertaining the effect of family and ecological interventions. Preliminary findings based on clinical experience suggest that: family ecological models are most effective in attracting, maintaining and rehabilitating poorly acculturated families; family models are most effective in the treatment of marital dysfunctions and in cases in which the symptomatic behavior is found in a young family member; and individual models are effective in promoting personal growth and development in the identified patient, but are not very effective in repairing marital dysfunctions.

The conceptualization of substance abuse as the symptomatic behavior of dysfunctional family and family/ecological systems supports the notion of combined treatment centers.

CULTURE SPECIFIC APPROACHES TO THE TREATMENT OF LATIN MULTIPLE SUBSTANCE ABUSERS: FAMILY AND ECOLOGICAL INTERVENTION MODELS

Spanish Psychosocial Research Center for Mixed Addictions
Spanish Family Guidance Clinic - Encuentro
Department of Psychiatry
University of Miami

Jose´Szapocznik, Ph.D.[1], Jose´I. Lasaga, Ph.D.[2], Mercedes A. Scopetta, Ph.D.[3]

The Spanish Psychosocial Research Center for Mixed Addictions (SPRCMA) was established in 1975, under funding from the National Institute on Alcohol Abuse and Alcoholism (NIAAA Grant No. IRI8-AA022702). Its dual purpose is to provide combined drug and alcohol abuse treatment services for Miami's Latin population, and to conduct an experimental research study evaluating the effectiveness of ecological family systems therapy (discussed below) in the treatment of Latin multiple substance abusers.

The SPRCMA is housed in the Spanish Family Guidance Clinic (SFGC). The Clinic provides culturally sensitive mental health treatment for Dade County's Latin population, 90% of which is comprised of first and second generation Cuban immigrants. In 1972, while under funding from the Office of Economic Opportunity, the Clinic's aim was to provide drug abuse treatment services to poverty level Cubans and Puerto Ricans. In 1973, the Clinic came under the auspices of the National Institute on Drug Abuse (NIDA). Throughout this time, the Clinic's staff developed culturally appropriate and sensitive features for a comprehensive mental health approach to the treatment of Miami's Latin drug abusers(Scopetta, 1976). These treatment interventions were later conceptualized within an ecological framework (Scopetta & Alegre, in press; Szapocznik & Scopetta, in press). In 1974, the Clinic was awarded a three year NIDA research and demonstration grant, the Spanish Drug Rehabilitation Research Project, to investigate the effectiveness of outpatient ecological treatment

[1]Director of Research [2]Director of Clinical Training [3]Principal Investigator

relative to the more traditional approaches employed in the treatment of Cuban immigrants in the same geographic area. Under the auspices of this grant, a variety of investigations were undertaken including research projects with drug abusers relating to: ecological therapy (cf. Auerswald, 1971); ecostructural family therapy (cf. Aponte, 1974); acculturation (Szapocnik, Scopetta, Kurtines, & Aranalde, 1976); acculturation and family disruption (Scopetta, King & Szapocznik, 1975); culture, basic value orientations, and service delivery models (Szapocznik, Scopetta, Aranalde, & Kurtines, 1976); the role conflicts of Cuban mothers with adolescent children (Szapocznik, 1976); and a study of outpatient clinic dropouts (Alegre, 1976).

In 1975, the SPRCMA was established at the SFGC. The present chapter describes some aspects of the SPRCMA and of its most important research project designed to investigate the effectiveness of ecological family systems therapy in the treatment of Latin multiple substance abusers.

Organization

Treatment services are provided by the SPRCMA from two outpatient facilities, Encuentro-Little Havana and Encuentro-Wynwood. Encuentro-Little Havana is located in the heart of the oldest Cuban district in Dade County and it houses the administrative and research staff as well as the treatment/research, crises, and service units. Encuentro-Wynwood is located in the hub of Puerto Rican cultural and community organization, and it houses service and referral units, as well as limited county funded drug abuse services.

Administratively, the SPRCMA is housed in the SFGC. The Clinic is located in the Division of Addiction Sciences, Department of Psychiatry, University of Miami School of Medicine. In addition, the clinic is an affiliate of Dade County's Comprehensive Drug Program and has established referral agreements with many local mental health, drug, and alcohol agencies.

Client Population

The SFGC serves primarily Spanish speaking persons of Latin American origin or descent. The nature of the population in treatment has varied with time and with the requirements of the various funding agencies. At the present time, treatment at the SFGC is restricted to the service units of the SPRCMA, serving primarily substance abusers and their families.

In addition to outpatient treatment, programs of outreach and community intervention services have been launched in an attempt to bring more and better services of a culturally sensitive nature to Spanish speaking alcohol and multiple substance abusers throughout the community. These services are aimed at early intervention and the provision of consultation services.

Geographic area. The majority of the clients at Encuentro-Wynwood live in the Wynwood area, in the midst of the industrial district. Most of the clients at Encuentro-Little Havana come from Little Havana. Both Wynwood and Little Havana, are crowded neighborhoods with exceptionally high proportions of Latins. In Little Havana, for example, the proportion of Latins may reach upwards of 85% of the total population.

Both of these areas have been considered poverty areas and have high indices of disruption as evidenced by high rates of high school dropouts, large numbers of single parent families, and very high rates of admissions to the state's psychiatric hospital.

Value structure. With respect to their value structure, our clients tend to: have a strong family orientation; prefer to relate linealy, i.e., along hierarchical lines; perceive natural and other environmental conditions in a fatalistic fashion; are oriented toward the present, thus tend to be mobilized for treatment by crises; and, prefer concrete, objective, immediate, and action oriented solutions to their mental health problems.

Staff

Except for one researcher, the entire staff of the SPRCMA is bilingual (Spanish and English) and bicultural (Latin American and Anglo American). The staff is comprised of one psychiatrist, five Ph.D. clinical psychologists, one Ph.D. social psychologist, two Ph.D. counseling psychologists, one Ph.D. medical sociologist, one A.B.D. clinical psychologist, three A.C.S.W.'s, five M.S.W.'s, three B.S. or B.A.'s, one paraprofessional counselor, and nine administrative or clerical staff. Of six directors one half are men and other half are women, and in general the staff includes 18 women and 11 men.

Training

Since July of 1974, training has been a central aspect of the Clinic. Training has been aimed primarily at: (1) raising the quality of services provided; (2) integrating new staff members into the philosophical/therapeutic modes of treatment adopted by the program; (3) creating an awareness of the special characteristics and needs of the Latino client population as well as teaching culturally appropriate methods of treatment.

The Spanish Family Guidance Clinic has adopted an Ecological Family Systems Therapy (EFST) treatment philosophy. Whenever possible, etiology as well as treatment are conceptualized in EFST terms. Since few of our SPRCMA staff members were trained in this theoretical and treatment approach prior to working at the Clinic, an ongoing program of training teaches EFST to the staff. The training includes weekly seminars by our training staff and occassional workshops by family therapists of national recognition.

Therapists participating in the experimental research study discussed below, receive additional supplementary training. For example, live supervision is available through a one-way mirror for all first, middle, and termination

sessions. The training facilities include two one-way mirror rooms with intercom systems which permit supervisors to communicate with therapists and give instructions during the therapy hours. Videotapes of therapy sessions can also be obtained for purposes of study.

Through all of these means, an ambience of professional openness and growth is maintained throughout the program, and the best possible quality of services are provided to our clients.

An Experimental Study in the Treatment of Substance Abusers

This and the subsequent sections of this chapter present a treatment research study funded by NIAAA, currently under way at the Clinic. Its purpose is to investigate the effect of two variables of treatment intervention, locus of interventions, and comprehensiveness, or treatment effectiveness with substance abusers.

Theoretical Background

Ecological Family Systems theory and therapy was adopted to fill a void in effective treatment modalities for poorly acculturated Cuban families, confronting adjustment to Anglo culture and society, and from low socioeconomic status. These families, from empoverished cultural and economic backgrounds, lacked the personal and interpersonal resourcefulness to adapt successfully following immigration. Clinical experience revealed that many of the traditional psychotherapeutic models were ineffective in attracting and maintaining them in treatment. EFST, on the other hand, seemed to be well accepted by these Cuban immigrants, and appeared to facilitate a more successful adaptation and a reduction in the multiple substance abuse that frequently accompanied these cases.

The term ecological refers to a premise of interdependence: The behavior of a client influences the behavior of other persons in the client's life context;

and the behavior of these others toward the client in turn is influenced by the behavior of the client toward the others. A client may be an individual or a family. Relevant others, through their associations are representatives of various ecological aspects of the client's life context (family, school, work, criminal, spiritual, etc.).

Family specifies that the family is the single most influential social system in a person's ecology.

Systems refers to the notion that interactions between the identified patient and the family, among family members, and between the family and other ecological representatives, do not occur haphazardly. Rather these interactions tend to occur in established patterns which resist change. Dysfunction results from a particular family system's way of organizing itself in attempts to deal with intrafamilial and ecological stresses.

Hypotheses

Hypothesis 1: With a Spanish speaking population, treatment that focuses on family interventions is more effective in bringing about desired change than treatment focusing on the individual.

Hypothesis 2: In working with Spanish speaking clients above 16 years of age: family therapy approaches will be most effective with least acculturated clients; individual therapy approaches will be most effective with the most highly acculturated clients.

Hypothesis 3: With a Spanish speaking population treatment including direct ecological (discussed below) interventions is more effective than intramural (discussed below) approaches alone.

Hypothesis 4: The ecological conditions will be most effective with the least acculturated clients; intramural conditions will be most effective with the more highly acculturated clients. However, the relationship between these variables is moderated by socioeconomic

class, and the degree to which the life context is Latin or Anglo.

Hypothesis 5: There is a relationship between the choice of presenting symptom and the level of acculturation: less acculturated substance abusing clients will present for treatment complaining of general psychosocial problems and psychiatric symptoms; more acculturated clients will present substance abuse as a problem.

Hypothesis 6: There is a relationship between level of acculturation of Cuban immigrants and the kind of drugs abused, with acculturated Cubans abusing illegal drugs and unacculturated Cubans abusing licit substances, such as alcohol and tranquilizers.

Experimental Treatment Conditions

The treatment study is aimed at investigating the effectiveness of Ecological Family Systems Therapy and at identifying the relevant variables of treatment intervention contributing to treatment effectiveness. The study includes one experimental condition, Ecological Family Systems Therapy and three control conditions, Intramural Family Systems Therapy, Ecological Systems Individual Therapy, Intramural Individual Therapy.

In all four conditions, the emphasis will be in maintaining the nature of the interventions pure and uncontaminated across conditions. That is, differences across conditions are defined in terms of therapeutic interventions, and not necessarily in terms of conceptualization.

In the intramural conditions, therapeutic interventions are limited to the client in treatment, which may be an individual or a family according to the condition. In the intramural-individual condition treatment takes place with the identified patient and the therapeutic contacts will be limited to that person. Emphasis will be given to therapeutic interventions which mobilize the client to redefine and reorganize his/her pattern of interaction with the ecology,

i.e., changes should not take place through an environmental intervention by the therapist. In the intramural-family condition, structural theory and therapy (Minuchin, 1974) are utilized, but the therapeutic interventions are limited to the nuclear (or two generations) family in treatment.

In the ecological conditions the counselor can and should have as many therapeutic contacts with different aspects of the ecology as are necessary. In every instance, therapeutic interventions must be aimed at, at least, two aspects of the ecology. The aim of the interventions is to create a new and functional pattern of interactions between the client and the client's ecological context. In the individual-ecological condition, techniques similar to those of individual-intramural are in order but with the added emphasis of direct interventions in the ecology. Not more than four family therapy sessions are permitted in this condition. In the family-ecological condition, techniques similar to those used in intramural family should be employed - but with the added emphasis on direct interventions in the ecology. Not more than four individual sessions are permitted.

Procedure

Latin clients admitted to the Spanish Family Guidance Clinic are assigned to the treatment research study if: (1) there is any substance abuse in the person seeking assistance or in a nuclear family member; (2) nuclear family members (two generations) agree to receive research instruments (pre and post sessions) and treatment (12 sessions); and, (3) there are no suicidal, homicidal or overtly psychotic family members. For the sake of completion, the entire evaluation procedure is discussed here. However, for reasons that will be discussed later, the results reported below are not based on the formal evaluation procedure. At the time of admission into the Clinic, the substance abuser is administered the Client Information Form and the Substance Abuse Interventory. During the first visit to the treatment research unit, an interviewer administers the Psychiatric Status Schedule (Spitzer, Endicott, Fleiss & Cohen, 1970).

During that visit two other instruments, the Ecological Functioning Self-Ratings and the Acculturation Scale (Szapocznik, Scopetta, Kurtines, & Aranalde, 1976) are completed by each family member. After randomly assigning the case to one of the four experimental conditions and to a therapist, the family meets with their therapist for 12 treatment sessions. During the first two treatment sessions, the therapist completes the Goal Attainment instrument. Subsequent to the treatment, all the instruments are readministered to the family by an interviewer.

Since the study discussed in this chapter is presently under way, at the time of this writing, there were not yet sufficient cases completed for the purpose of statistical analyses. Therefore, the present chapter is limited to a presentation of case studies in each modality. The cases were chosen for didactic purposes to represent variety in age, sex, and problems. The cases were also chosen so that they permit a full illustration of each modality, and thus are not meant to be representative of the wide gamut of treatment provided at the center.

Within each modality, a successful case was chosen for purposes of illustration. This procedure is expected to illustrate best what kinds of clients are most ameanable to treatment in the various conditions. Thus, the case presentations elaborate on the nature of the clinical experience that led to the fomulation of the hypotheses.

Four Case Studies Exemplifying Four Different Therapeutic Modalities

I. Individual Intramural Modality: The Case of Ana

Age: 52 years.

Education: Equivalent to 12th grade.

Occupation: Secretary.

Family: Lives with husband, 47 years old; has one married son not living with her.

Place of Birth: Cuba.

Emigrated to US seven years prior to admission

Acculturation: Ana's level of accuturation is rather low, permitting her to have some minimal interactions with the host culture, but she maintains herself in the mainstream of the Cuban culture.

Presenting Complaint: Depression-resulting from marital conflicts.

Substance Abuse: Ana has been a problem drinker for many years. Recently, however, the frequency and level of intoxication has steadily increased. She supplements her substance abuse with daily dosages of Tranxene and Dalmane, both taken without prescription. She reports that she uses all of these substances in order to combat her anxiety and that she uses them either in combination or as substitutes for each other.

Dysfunctional Systems: Upon admission to our outpatient facility, two ecosystems appeared to be particularly dysfunctional, primarily, the family system in which marital relations were particularly poor. In addition, distancing between Ana and her son was also evident. Secondarily, Ana reported poor work performance frequently exacerbated during periods of marital stress.

Ana has always had feelings of low self-esteem. These feelings become exacerbated as a result of an unhappy marriage. Within the marriage, both partners are relatively weak persons, although the husband is perceived as a person who takes initiatives while Ana takes a more submissive role. The husband is an extremely demanding man who responds in a punishing and violent fashion when Ana makes "mistakes." During fits of jealously, he has resorted to physical violence. Ana in turn, manages to provide him with cues of her infidelity. The infrequent sexual relations are not satisfying to Ana who perceives these sexual encounters as a way of pacifying her husband in order to avoid his anger and violence. Partially because of these reasons, Ana perceives herself as: (1) unattractive, (2) unintelligent, (3) incapable of doing anything well done, and (4) a child.

In the year prior to admission to the clinic, Ana met a physician with whom she became romantically involved. She experienced considerable ambivelance about this relationship. On the one hand, from this platonic love affair she obtained the support and emotional satisfaction that she needed. Yet, although, there have been no sexual relations between them, she was experiencing considerable guilt.

During marital quarrels the son becomes triangulated when the father seeks and allies the son against Ana, hence, causing stress and distancing in the mother-son relationship

Diagnostic Impression: Neurotic personality: Overwhelmed by symptoms of anxiety and depression. Copes with these symptoms by abusing alcohol and tranquilizers.

Treatment: Treatment was of an individual intramural nature. It was apparent to the therapist that Ana's submissive role in the marriage placed her in a position to be the receptor of the marital tensions, that is, she was being scapegoated. In order for scapegoating to occur, both victim and victimizer ally to permit the process. Thus following marital conflicts in which Ana was verbally abused with reproaches and occassionally physically abused, Ana would direct toward herself the aggressiveness which she felt against her husband, as if all agreed that she should be the receptor of ill feelings.

In order to undo the scapegoating cycle, it was necessary first to place Ana in a position of strength which was done by systematically pointing out to her the self-enhancing aspect of her life. Secondly, it was necessary to confront her fatalistic attitude toward herself which she manifested in statements such as "my problem cannot be remedied, I cannot be helped." But, most importantly it was necessary to help Ana gain awareness of her own role, that is, her coalition with her husband, in making her the family's scapegoat.

Therapy was also aimed at creating an awareness of the interactional pat-

terns that led to the husband's fits of jealousy and violence, and particularly of Ana's role in these vignettes. In many occassion, her alibis as to her whereabouts were usually so poor that her husband recognized them as such. Her own ambivalence about her feelings toward her platonic affair gave her away. As she learned to contain her own ambivalence, she was also able to avoid violent confrontations with her husband throughout much of her treatment. However, after the 11th session, her husband again became violent during a fight and Ana decided to leave home.

Following a two week separation, the couple was reunited. The separation had salutary effects: Ana felt more secure, noting that she was able to make decisions on her own, even against her husband's opinion; and the husband realized that unless he changed, he might lose Ana definetely.

Ana's alcoholism was discussed on rare occassions. Nevertheless, it was possible for her to gain an awareness of the function that alcohol played in her marital relation/conflicts. Ana used drinking as well as other behaviors, such as staying outside the home, to escape her marital conflicts.

Results of Therapy: At the time of termination from therapy, the marital conflict appeared to have diminished considerably; alcohol seemed to be totally under control; and, Ana no longer needed of these substances to confront her daily problems. The change in self-esteem seemed permanent.

Realistically, the marital conflict although improved has not disappeared. Because of the nature of the intramural treatment condition, it was not possible to effectively restructure some of the dysfunctional interactional patterns. Therefore, it would be advisable that Ana and her husband entered into marital counseling.

II. Individual Ecological Therapy: The Case of Lucia

Age: 49 years

Education: Equivalent to three years of college. Excellent cultural background.

Occupation: Secretary

Family: Lives with husband, 54 years old. Has two children, ages 22 and 19.

Place of Birth: Cuba.

Emigrated to US 12 years prior to admission.

Acculturation: Lucia's level of acculturation is low to moderate. She is somewhat fluent in English, and is able to interact moderately with the host culture.

Presenting Complaint: Patient feared becoming dependent on "pills." Secondarily, she also sought help for her family problems. She was specially concerned over her children's future. Thirdly, she was motivated by her desire to go back to work.

Substance Abuse: The client was hospitalized because of a "nervous condition" in a Latin American country, where she lived after leaving Cuba. At that time, she was taking quaaludes by medical prescription, and in this way began her addiction to them. She withdrew from quaaludes on her own by resorting to nonprescription Valium and Librium to alleviate the withdrawal experience.

When she was admitted to our program she had already stopped taking drugs, but felt extremely "nervous" and was afraid that, without professional help, it was almost certain she would return to them.

Dysfunctional Systems: An assessment of the case revealed that Lucia's family relations were an important source of conflict and anxiety. Although Lucia tried to minimize this problem, it emerged that for many years she had

felt alienated from her husband, both emotionally and sexually. In addition, she was overprotective of her children. At the time of admission, our client was unemployed and felt inadequate to obtain a job which was commensurate with her education and skills.

The family organization discovered at the time of admission is rather typical for many Cuban immigrant families with adolescent children. In these families, there tends to be an enmeshed or overinvolved relationship between mothers and their adolescent sons; the father tends to be peripheral; and either the mother or the sons manifest psychiatric symptoms usually accompanied by drug abuse (licit in the case of the mothers, illicit in the case of the sons). Extrafamilial support systems are minimal.

Diagnostic Impression: Although Lucia had been diagnosed as a "paranoid schizophrenic" at the time of her hopitalization three years prior to admission, and she may have well had a psychotic crisis then, at the time of admission she did not present psychotic symptoms. In traditional diagnostic terms, her clinical picture corresponds to a neurosis with anxiety-depressive and conversion features. The drug dependence, as stated before, was under control at the time of admission. In ecological systems theory terms, Lucia was manifesting the symptoms of a dysfunctional family system in which Lucia and her husband were estranged and Lucia was overinvolved with her sons. Further, Lucia, as well as the entire family, lacked much needed extrafamilial support systems.

Treatment: Treatment was planned based on three major goals: (1) to move toward a resolution of the marital conflict; (2) to develop new extrafamilial support systems for Lucia; and, (3) to restructure the mother-sons relationship in order to permit the normal process of maturation and individuation of the sons.

During the initial therapy sessions, it was observed that Lucia ac-

knowledged only superficially her marital conflicts, but tended to minimize their severity. Throughout much of the marriage the spouses had been estranged from each other, and Lucia maintained this status by denying the existence of marital conflicts. Instead, using a very typical denial mechanism in families such as hers, Lucia would canalize her family concerns through her children. Hence, Lucia's relationship to her children frequently emerged as an important issue. In fact, the first serious psychiatric crisis, for which she had to be hospitalized, was precipitated when a son was drafted into the army and sent to Vietnam. During the sessions, Lucia revealed her preocupation with her children's professional future. Around this topic emerged the first opportunity for an ecological intervention. The therapist allying with the mother's concern for ther children's professional wellbeing, arranged for the children to meet with representatives of an educational social service agency which aims at identifying minority youths with college potential and assists them in attending college. Fortunately, both sons were accepted into college and received scholarships. By these means it was possible to ally with Lucia's concern over the children, and simultaneously provide for the sons the opportunity to move toward their individuation within the family.

It was necessary to expedite this intervention in order not to retard the sons development. To have delayed it would have postponed the sons entrance into college one full year. Yet, from the vantage point of Lucia's welfare, this intervention was premature because there had not been sufficient time to develop alternative support systems for her. Thus, following the separation of Lucia and her sons, when the marital conflicts continue and Lucia finds herself without the support of her sons, she begins to have suicidal ideation. Even in the face of these events, she continues to deny her marital conflicts, resorting to psychosomatic complaints: she suffers from multiple ailments and complaints about her poor health.

As is common practice, her "poor health" leads to a referral to a general practitioner and to a cardiologist for a thorough evaluation. She is found to be in excellent health.

At this point, with her concerns over her sons' professional welfare solved, and her somatization discovered as such, the therapist again confronts Lucia with her denial of marital conflicts. With her structural and psychosomatic denial mechanisms removed, Lucia is now willing to accept that her marriage failure is at the root of her emotional crisis.

As she now reviews her life, Lucia gains insight into her process. She remembers that her father never allowed her to meet any men, except her brother's friends. The only man with whom she ever had a meaningful relationship is the man chosen by her father for her, and who later became her husband. This man is a very talented musician, and she now understands that she has always been more in love with his music than with him. Since the beginning, their relationship became triangulated so that Lucia related to her husband through his music. Soon after they were married, however, sexual relations became scarce and later dissapeared. Since the couple's arrival in the US as exiles, Lucia's husband had worked as a "bellboy" in a hotel, a job which was well below the man's educational and occupational capabilities. Because of the employment and marital failures, the husband has become bitter, and Lucia frustrated.

It is at this point that Lucia becomes open to behavioral change. Following the recognition of her marital failure, she begins to reorganize her personal life. The first step is to develop support systems as alternative to the family. As a first and major step, both Lucia and the therapist decide that she would benefit from being employed. For this purpose the therapist arranges for Lucia to be tested by the Division of Vocational Rehabilitation, and later she finds employment through that agency. Having begun to work, Lucia feels

productive, fulfilled, wanted and belonging; she feels very well, both physically and emotionally.

As may have been expected, her work and her well being upset the precarious equilibrium of the marital system, leading to a marital crisis in which the husband opposes her working outside the home. Seeking to further restructure Lucia's life context, the therapist invites the husband to join the therapeutic relationship, but he declines. Then, the therapist offers the husband the possibility of individual therapy. He seems to accept, but drops out of treatment after very few sessions.

At this point, Lucia is free of symptoms and therapy is terminated. It is noteworthy that at no time during the difficult therapy process did she have a relapse to drug abuse. Several months after termination she leaves her husband.

III. Family Intramural: The Case of Julian

Age: 19 years

Education: One year of college.

Occupation: Student, although he had dropped out of school at the time of admission.

Family: Lives with father, 45 years old; mother, 40; and a brother, 18.

Place of Birth: Cuba.

Emigrated to the US at the age of 4, 15 years prior to admission.

Acculturation: Is able to interact with Cuban culture, but clearly prefers the Americans life style. Behavioral patterns are very Americanized.

Presenting Complaint: Mother sought treatment for Julian, because of his abuse of drugs (she believed it was limited to marihuana).

Substance Abuse: Using drugs since age 15, starting with marihuana and then progressing to other drugs and alcohol. At admission: marihuana daily; alcohol and amphetamines almost daily. Some irregular abuse of

cocaine and other drugs.

Dysfunctional Systems: Family: Dysfunctional intra-family relations, especially conflictive with the father: Julian is triangulated with his parents; there is a strong coalition between Julian (the identified patient, the "black sheep") and his mother on the one hand, and a coalition between the father and the youngest son (the "good child"), on the other hand. School: Dropped out of school. Work: Not working, does not express any interest in finding employment. Legal: Involved in illegal activities such as selling drugs (especially marihuana), but has never been arrested. Friends: Very few friends, unstable and unreliable friendships.

Diagnostic Impression: Julian's behavioral disorder during adolescent years continues into early adult life. Delinquent behavior and multiple substance abuse are manifestations of maladjustment, but also exacerbate the severity of the case. Dysfunctionally triangulated family systems, and maladaptive functioning in various other ecological aspects.

Treatment: Intramural family therapy.

The main goal of treatment was to eliminate Julian antisocial behavior. Since this behavior was conceptualized as symptomatic of the family's dysfunctional structure, the objective of treatment was to restructure the family to a more functional organizational pattern. According to structural theory (Minuchin, 1974), and our own research findings (Szapocznik, Scopetta, & King, 1976), a more functional structure could be achieved by clarifying generational boundaries, restablishing the parent's united position as the executive system in the family with their own subsystem boundary, and eliminating the scapegoating process and triangulation of Julian.

At admission, Julian's parents were separated and in the process of obtaining a divorce. The father reported that he wanted a divorce because the mother had not been willing to support him in his role as the head of the family, and

especially on issues around disciplining Julian. This threat of divorce gave the father the strongest bargaining position in the family. Therefore, in order to engage the family into treatment, it was necessary to engage the father as a therapeutic ally. This was achieved by giving salience to the father's complaints about the lack of support he received around discipline issues.

In order to establish boundaries between the parental and sibling generations, to begin to reunite the marital couple, and to give salience to the father's concerns, the parents were given clear instructions to set up a system of rules for governing their children. The nature of the task allowed the parents to work together. Thus, while focusing on Julian, the identified patient, as was their typical style, through the sharing of the process of rule construction, a sense of territoriality developed within the marital couple as the executive system. As this process developed, the therapist strongly supported the parents in their executive role, while becoming a source of personal support for the siblings, and especially for Julian.

Some of the rules adopted by the parents for the family required that Julian not come home intoxicated, and this rule was made a condition for Julian's continued participation as a family member. This rule respected Julian's individuality by not addressing his behavior outside the home, per se, but rather his behavior at home. Julian accepted it. In this fashion, Julian's behavior in the home, vis-a-vis, substance abuse, began to come under the control of the family.

Another area requiring therapeutic activity involved the family's scapegoating habits, with Julian in the recepient role. The family, and especially the father, tended to emphasize frequently Julian's misbehavior, and Julian in turn gave family members plenty of reasons to criticize him by continuously confronting them with the behavior they disapproved. Reducing scapegoating required a variety of interventions. The major intervention, however consisted

of fomenting an interactional style that was incompatible with scapegoating. This was accomplished by encouraging frequent discussions of the positive aspects that each member of the family could find in other family members and in the family as a whole. Also, the family's gains in treatment were frequently reviewed. Another intervention was aimed at creating an awareness of the process that eventuated in scapegoating, and particularly Julian's role in these interactions: Julian was able to get special attention by misbehaving. On the other hand, a general shift in the family's reinforcement system, permitted Julian to also obtain attention through positive conduct.

At the beginning of the treatment, Julian's mother felt unduly responsible for his behavior. The guilt Julian engendered in his mother was compensated by her overprotective behavior toward him: she shielded him from the father's discipline. In structural terms, this lack of clarity in personal boundaries is termed enmeshment. Toward the end of the 12 "official" treatment sessions, moderate advances had been achieved along this dimension. Although the mother continued to be overprotective and to feel responsible and guilty for Julian's antisocial conduct, she nevertheless was able to join and support the father in making family decisions, even when her son objected to these decisions.

At the beginning of treatment, Julian had been coming home intoxicated nearly every day. By the end of the 12 "official" treatment session, Julian's substance abuse had began to come sufficiently under the parent's control so that Julian no longer came home intoxicated. However, he continued to abuse substances outside the home.

Julian's relationship to his father had been strained, and at best, distant. Few gains were made on this front. Toward the end of the 12 sessions, the father mistrusted Julian's changes and continued to be pessimistic about his son.

Clearly, intramural family treatment had begun to make significant inroads

to modify the family's dysfunctional interactions and to reduce symptomatic behavior. It was also apparent in this case, that at the end of the 12 "official" treatment sessions, the changes obtained were limited and perhaps not sufficiently cemented to be lasting.

Couple therapy

After the "official" termination of the 12 sessions of intramural family therapy, the parents decided to continue in marital counseling to continue to work on the many issues between them that remained unresolved. One of the most important gains in this part of the therapy process was the father's increased awareness of his continuous rejection of the identified patient. This rejection dated back to Julian's conception when the father would have preferred that the mother have an abortion, rather than giving birth to Julian. By the end of these series of sessions of couple therapy, a definite improvement in communication between the spouses had taken place.

Individual therapy with the identified patient

Following the 12 "official" sessions of intramural family therapy, Julian was offered individual therapy with the objective of helping him to structure his future course, to continue to promote his individuation from the family, and provide support throughout this process. A first step was to facilitate his developing goals for therapy and for his own immediate and long term future. Some of Julian's immediate goals seemed unrealistic and were characterized by a wish to obtain immediate gratifications (generally characteristic of drug abusers). His wishes were to have a good car, being able to go out with his girlfriends to the most expensive restaurants, working in socially prominent jobs, going to the best universities, etc. While these were achievable long term goals, they required him to develop priorities and to structure his immediate future taking them into consideration. During the individual therapy sessions, he was able to explore these issues

and to become aware of the unrealistic character of some of his goals. He was able to make a list of priqrities of his goals in order to determine which were more important and which were more immediately attainable. By the end of the seventh individual session he was able to contemplate his present and his future in a more objective manner. He placed at the top of his priority attending a good university, and organized his immediate life to attempt to obtain this goal.

At the time of this report, four months after the termination of the individual therapy sessions, Julian is living in a northern state, and attending a prominent university, where he qualified for a scholarship. The attainment of his own goals and the physical separation from his family was a further step in his process of individuation from the family. At the time of this report he was no longer abusing drugs, with the exception of smoking marihuana. This smoking, however, seems to be limited to parties where this drug is generally considered socially acceptable.

IV. Family Ecological: The Case of Manuel

Age: 62 years

Education: Sixth grade.

Occupation: Presently unemployed. Chef of a restaurant in Cuba.

Family: Lives with wife, 74 years old. Has two children, 41 and 43.

Nationality: Cuban. Arrived in the US one month prior to admission to the clinic.

Acculturation: Minimal. Knows almost no English and has minimal interactions with the American culture.

Presenting Complaint: Client complaints that he has lost control of his driking and is concerned of the consequences.

Substance Abuse: Manuel has been drinking heavily since age 30. Fifteen

years prior to admission, he was becoming intoxicated at least once a week. Eight years prior to admission, he was hospitalized in Cuba after a series of drinking bouts. At that time, he also presented depressive symptoms. Prior to admission, Manuel had been intoxicated every day since he arrived from Cuba.

Dysfunctional Systems: Work: Client is unemployed and it is expected that it will be very difficult for him to obtain a job because of his age and his lack of knowledge of English. Recreation: Very few recreational activities. Friendship: Client has few friends, and is not able to have frequent contacts with them. Social Services: Because of a lack of understanding of the US social service system, he is not making use of all the services available to him. Although the client did not initially report family problems in the course of treatment, it was noticed that there were serious marital conflicts. Family: Relations between spouses are reported to be unsatisfactory. Client reports that wife's reactions to his drinking have intensified marital conflicts.

Manuel is having serious difficulties in adjusting to the loss of his country at the age of 62 as well as in adjusting to a new style of life.

Manuel reports that in contrast to this feelings of loneliness, alienation, and hopeleness, drinking stands out as a pleasant escape alternative.

Diagnostic Impression: Manuel is suffering from cultural shock. He is experiencing an adjustment reaction of late life exacerbated by alcoholism. In ecological terms, Manuel is experiencing the loss of valued support systems which are especially important during late life. Marital disatisfaction and the lack of marital support becomes more salient following the loss of his country.

Treatment: Family Ecological Modality.

The goal of treatment was to reduce alcohol abuse. With a client such as Manuel who seemed motivated to reduce his alcohol intake, it was assumed that alcoholism was, at least partially, a response to ecological stresses and family

conflicts and an alternative to feelings of loneliness, alienation and hopelessness. Therefore, the objectives of therapy were to improve satisfaction with the marital relationship, and to develop strong social support networks that discourage alcohol abuse.

Since Manuel did not accept family treatment initially and he had been assigned to a family treatment modality, the first individual sessions were aimed at creating an awareness of the family's role, and especially his wife's role in the solution to his problems. Later, when the client was ready to have therapy meetings with the whole family, the wife and two sons were invited to join him as a therapy group. In the family context, it became apparent that Manuel's feelings of worthlessness and self-depreciation were reinforced by his wife's constant nagging. In order to restructure the marital experience, and to counteract his marital one down position, it was necessary to create the opportunity for Manuel to be strong and useful. This was made possible by one of Manuel's sons who provided Manuel with the opportunity to work with him in a future business venture. In order to develop a sense of unity and marital support, Manuel and his wife were given several tasks to do together, including going to the movies and learning English together. The latter was also aimed at breaching the alienating gap between Manuel and his wife, and his new host environment.

Thus, solutions to his feelings of alienation were also found through tasks or experiental activities which reapproached him to his wife, to his children, and which increased his understanding of the host culture.

Other support networks were also provided for Manuel. He felt support from our own clinic which mobilized many community agencies and his own family to assist him. In this process, it was possible to obtain free medical assistance for Manuel and to expedite obtaining financial support from the Social Security Administration, and in this fashion to bridge the gap between Manuel and the social service delivery system.

Finally, a peer reference group was obtained when Manuel began to attend an activity center for elderly Cubans and a resocialization group in our clinic.

The ecological interventions which the therapist performed in this case seemed to have several effects. These interventions facilitated new patterns of family interactions; helped to create in Manuel a greater understanding of the host culture and to root him in the new land through a series of extra-familial support systems; and created a more positive image of the therapist as a helper, and in this way facilitated a positive therapeutic relationship.

Ecological family therapy was effective in obtaining important therapeutic objectives. Moreover, the major therapeutic goal, a reduction in alcohol abuse was also attained. At the time of this writing, Manuel had been able to remain sober for more than two months. It is too soon to ascertain the permanency of Manuel's therapeutic gains.

DISCUSSION

This chapter presents the format of a study aimed at investigating the effects of locus of intervention, individual or family, and comprehensiveness of treatment, intramural or ecological, on treatment effectiveness. The study includes one experimental condition, ecological family treatment, and three control conditions, intramural individual, intramural family, and ecological individual treatment. The conditions differ primarily in the nature of the therapeutic interventions that comprise treatment in each condition, but not necessarily in the modes of conceptualization.

Since this study was still underway at the time of this writing, the number of cases completed were too small to permit statistical analyses. Hence, the chapter was limited to didactic presentations of case studies that exemplify the nature of each of the treatment conditions. Moreover, the cases were also chosen to illustrate the kind of clinical experience that led to the formulation of the hypotheses.

As hypothesized and illustrated in the case presentations, the most comprehensive treatment, family ecological, seems necessary and effective for clients like Manuel. Manuel was poorly acculturated, was experiencing acculturation shock and had few personal resources to assist him in adapting to the new culture. In this case, family ecological treatment facilitated the process of adaptation to the new environment.

In general, family therapy seems to be the treatment of choice whenever symptomatic behavior appears in a child or adolescent, such as with the case of Julian. Family therapy is especially necessary and effective in those cases in which intergenerational/acculturational differences disrupt the process of conflict resolution and the parents' executive role in the family. Furthermore, as illustrated by the cases treated by individual modalities, family therapy also seems indicated to treat mental dysfunctions.

Individual modalities may be sufficient to treat cases in which the help-seeking client is moderately acculturated, resourceful, and educated such as the case of Lucia. However, as is frequently the case with individual therapy clients, it is possible to foment individual growth, but difficult to repair marital dysfunctions.

All treatment modalities can be effective with certain clients in achieving specified objectives. Clinical experience provides support for the notion that in providing combined treatment for Latin alcohol and substance abusers, a variety of treatment modalities must be available. With the adoption of family ecological therapy, the Spanish Family Guidance Clinic has been able to attract and maintain in treatment the poorly acculturated sector of the Latin population which had, hitherto, rejected professional treatment for its psychosocial disorders, including alcohol and drug abuse.

Returning to Hypotheses 5 and 6, and the cases presented, it can be noted that less acculturated and(older clients)tended to present themselves for the treatment of psychosocial disorders and tended to abuse licit substances On the other hand, highly acculturated (and younger) Julian was brought to treatment because of an illicit drug abuse complaint.

As evidenced by the case studies, the patterns of multiple substance abuse most frequently found in the Clinic include polydrug abuse in young persons, and alcohol plus tranquilizer or sedative abuse in the 35+ age range.

On Combined Treatment Centers

Contrary to the experience of many alcohol and drug abuse treatment agencies throughout the U.S., the Miami experience has demonstrated that Miami's Latins avoid rehabilitation centers popularly identified for either alcohol or drug abuse treatment. Rather, Miami's Latins are more likely to seek treatment in comprehensive combined (alcohol, drugs, and mental health) treatment centers

that are popularly identified with family guidance. In this way, it has been possible to tap a silent majority of Latin substance abusers who identify their own problems in traditional psychosocial terms such as the cases of Ana, Lucia and Manuel. It is suggested that neither one of them would have sought treatment in an alcohol abuse clinic nor in a drug abuse clinic. Furthermore, even in Julian's case, his parents preferred to bring Julian to a Spanish Family Guidance Clinic rather than to one of the more than 40 local drug abuse programs. Yet, in all four cases, family guidance was acceptable.

Our experience at the Spanish Family Guidance Clinic indicates that Miami's Latins are reached and served most effectively through combined (alcohol, drug and mental health) treatment centers.

REFERENCES

Alegre, C. A dropout study of clients in an individual drug, free outpatient treatment program for drug abusers. Research Report. Spanish Drug Rehabilitation Research Project, National Institute on Drug Abuse, Grant No. 5H81 DA 01696-02, August, 1976.

Aponte, H.J. Psychotherapy for the poor: An eco-structural approach to treatment. Delaware Medical Journal, 1974, March, 1-7.

Auerswald, E.H. Families, change, and the ecological perspective. Family Process, 1971, 10, 263-280.

Minuchin, S. Families and Family Therapy. Cambridge, Mass: Harvard University Press, 1974.

Scopetta, M.A. An ecostructural family therapy approach to the rehabilitation of the Latino drug abuser: History and development. In Proceedings: Third National Drug Abuse Conference, in press.

Scopetta, M.A., & Alegre, C. Clinical issues in psychotherapy research with Latins. In Proceedings: Second National Drug Abuse Conference. New York: National Association for the Prevention of Addiction to Narcotics, in press.

Scopetta, M.A., King, O.E., & Szapocznik, J. Relationship of acculturation incidence of drug abuse, and effective treatment of Cuban Americans. Research Contract No. 271-75-4136. National Institute on Drug Abuse, July, 1975.

Spitzer, R.L., Endicott, J., Fleiss, J.L., & Cohen, J. The Psychiatric status schedule: A technique for evaluating psychopathology and impairment in role functioning. Archives of General Psychiatry, 1970, 23, 41-55.

Szapocznik, J. The relationship of role conflict resolution to the abuse of sedatives and tranquilizers on Cuban mothers (Part I): Role conflict Resolution in Cuban mothers. Research Report. Spanish Drug Rehabilitation Research Project, National Institute on Drug Abuse, Grant No. 5H81 DA 01696-02, July, 1976.

Szapocznik, J., & Scopetta, M.A. Spanish Drug Rehabilitation Research Project: A review. In Proceedings: Second National Drug Abuse Conference. New York: National Association for the Prevention of Addiction to Narcotics, in press.

Szapocznik, J., Scopetta, M.A., Aranalde, M.A., & Kurtines, W. Cuban value structure: Treatment implications. Research Report, Spanish Drug Rehabilitation Research Project, National Institute on Drug Abuse, Grant No. 5 H81 DA 01696-02, August, 1976.

Szapocznik, J., Scopetta, M.A., Kurtines, W., & Aranalde, M.A. Acculturation: Theory, measurement, and clinical implications. Research Report, Spanish Drug Rehabilitation Research Project, National Institute on Drug Abuse, Grant No. 5 H81 DA 01696-02, June, 1976.